

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049458**

FILING DATE

APPLICANT(S)

**CLAIMS**

	LED	AFTER AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51						
2	/	/				52						
3	/	/				53						
4	/	/				54						
5	/	/				55						
6	/	/				56						
7	/	/				57						
8	/	/				58						
9	/	/				59						
10	/	/				60						
11	/	/				61						
12	/	/				62						
13	/	/				63						
14	/	/				64						
15	/	/				65						
16	/	/				66						
17	/	/				67						
18	/	/				68						
19	/	/				69						
20	/	/				70						
21	/	/				71						
22	/	/				72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
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32						82						
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35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	4	4				TOTAL IND.						
TOTAL DEP.	19	18				TOTAL DEP.						
TOTAL CLAIMS	23	22				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY